ADMINISTRATIVE COMMITTEE EVALUATION SHEET

DEPARTMENT:  

PROGRAM:  

DEGREE:  

1. Comments on program productivity and efficiency:  

2. Comments on need for program:  

3. Comments on assessment and mission fulfillment:  

4. Improvement plan (if needed):  

   To be completed by:  [date]  

Next program review in:  

☐  2024-25 ☐  [other date]  

COMMITTEE RECOMMENDATION  
[include vote tally to continue and discontinue]  

☐  Continue Program  

Enter #  Votes in favor  

☐  Discontinue Program  

Enter #  Votes in favor  

☐  Abstentions  

Enter #  Abstentions